

FORM **MEPS-11(S)**  
(4-27-99)U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR  
U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICESMedical Expenditure Panel Survey  
Insurance Component**HEALTH INSURANCE COST STUDY  
PLAN INFORMATION QUESTIONNAIRE****INSTRUCTIONS**

The MEPS-11(S), Plan Information Questionnaire, is to be completed for the health insurance plans offered AT THIS GOVERNMENT UNIT. You may use photocopies of this MEPS-11(S) form if sufficient copies were not included in this reporting package.

**GENERAL PLAN INFORMATION****FOR CENSUS USE ONLY**

100

Complete this Plan Information Questionnaire for the plan with the largest enrollment (or next largest) enrollment of active employees.

**1a. For 1998, what was the name of the health insurance plan with the largest (or next largest) enrollment of active employees?**

Examples: • Blue Cross Blue Shield, High Option  
• Option A  
• Aetna HMO

012

Name of plan

**b. What was the name of the insurance company or carrier providing this plan?**

Examples: • Blue Cross Blue Shield  
• Alliance  
• Charter Health

102

Name of insurance carrier

Enter the government name if self-insured.

**2. Which type of health care provider was available through this plan?**

**Exclusive providers** – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

**Any providers** – Enrollees may go to providers of their choice on a fee-for-service basis. The plan does not have any associated providers.

**Mixture of preferred and any providers** – Enrollees may go to a set of "preferred" providers associated with the plan or to providers of their choice. If they go to a non-preferred provider, they face higher costs.

103

- 1 ☐ Exclusive providers  
(Examples: Most HMO, IPA, and EPO-type plans)  
2 ☐ Any providers  
(Examples: Most conventional and indemnity plans)  
3 ☐ Mixture of preferred and any providers  
(Examples: Most PPO and POS-type plans)

**3. Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist?**

For plans with multiple options, answer for the "in-network" option.

104

- 1 ☐ Yes  
2 ☐ No

### GENERAL PLAN INFORMATION - Continued

- 4. Was this plan purchased from an insurance underwriter or was it self-insured?**
- Purchased from an insurance underwriter** – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.
- Self-insured** – Your government unit assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

2 ☐ Self-insured – Continue with Question 5a

## SELF-INSURED PLAN INFORMATION

## PLAN AFFILIATION

**6. Was this plan offered through a union or a trade association?**

*If this plan was offered through a union or trade association, please provide the information requested at the right.* →

113 1 ☐ Union 2 ☐ Trade Association 3 ☐ Neither – Continue with Question 7a

114 Name of union or trade association

115 Local number, if a union

116 Name of insurance representative

117 Address (Number and street)

118 City

119 State

120 ZIP Code

121 Telephone number  
(     )

## ENROLLMENT

Estimates are acceptable for all enrollment figures.  
Exclude retirees.

**7a. How many active employees were enrolled in this plan at this government unit during a typical pay period in 1998?**

*Include full-time, part-time, temporary and seasonal employees.*

*Exclude former employees.*

125  Active employees enrolled in plan

**b. How many of these active employees were enrolled in single coverage during a typical pay period in 1998?**

129  Active employees enrolled in single coverage

**c. How many FORMER employees were enrolled in this plan through COBRA or other state continuation-of-benefits laws during a typical pay period in 1998?**

126  Former employees enrolled in plan

## SINGLE COVERAGE PREMIUMS

*Report for typical situations and enrollees.  
If cost varies, report for an average employee.  
Report government unit/employee contributions and total premium for the same period.*

**8a. Was single coverage offered under this plan?**

552 1 ☐ Yes – Continue with Question 8b  
2 ☐ No – SKIP to Page 4, Question 9a

**b. For this plan, how much did the government unit contribute toward the plan premium of ONE TYPICAL full-time employee with single coverage?**

131 \$  ,  . 0 0 Government unit contribution

**c. How much did this typical employee with single coverage contribute toward his/her own premium?**

132 \$  ,  . 0 0 Employee contribution

**d. What was the total premium for this typical employee with single coverage?**

130 \$  ,  . 0 0 Total premium

*If this was a self-insured plan, this total should be the same as 5d on Page 2.*

**e. The amounts reported in questions 8b–d are based on which one of the following time periods?**

*Mark (X) only one.*

133 1 ☐ Weekly  
2 ☐ Every 2 weeks  
3 ☐ Monthly  
5 ☐ Quarterly  
4 ☐ Yearly

## FAMILY COVERAGE PREMIUMS

Report for typical situations and enrollees.  
If cost varies, report for an average employee.  
Report government unit/employee contributions and total premium for the same period.  
Report for a family of four if cost varies by family size.

**9a. Was family coverage offered under this plan?**

- 137 1 ☐ Yes – Continue with Question 9b  
2 ☐ No – SKIP to Question 10a

**b. For this plan, how much did the government unit contribute toward the plan premium of ONE TYPICAL full-time employee with family coverage?**

135 \$     ,    .  0  0 Government unit contribution

**c. How much did this typical employee with family coverage contribute toward his/her own premium?**

136 \$     ,    .  0  0 Employee contribution

**d. What was the total premium for this typical employee with family coverage?**

134 \$     ,    .  0  0 Total premium

If this was a self-insured plan, this total should be the same as 5e on Page 2.

**e. The amounts reported in questions 9b–d are based on which one of the following time periods?**

Mark (X) only one.

- 553 1 ☐ Weekly  
2 ☐ Every 2 weeks  
3 ☐ Monthly  
5 ☐ Quarterly  
4 ☐ Yearly

## GENERAL PREMIUM INFORMATION

**10a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?**

Mark (X) all that apply.

- 138 ☐ Age  
139 ☐ Sex (Gender)  
140 ☐ Number of persons covered by a family plan  
141 ☐ Wage or salary levels  
142 ☐ Other – Specify ☐

099

**b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by different employee categories?**

Examples: Full-time, part-time, union status, wage or salary levels

- 143 1 ☐ Yes  
2 ☐ No

**c. Did any enrollee receive a direct subsidy or contribution toward any part of the premium from an outside third party?**

Example: A union paid a portion of the premium.

- 122 1 ☐ Yes  
2 ☐ No

**11. Did the plan premium include life and/or disability insurance?**

Mark (X) all that apply.

- 144 ☐ Life insurance  
145 ☐ Disability insurance  
☐ No life and/or disability insurance covered by the premium

## INDIVIDUAL DEDUCTIBLES

### 12a. Did this plan have a deductible?

**Deductible** – Predetermined amount which must be met by an individual before the plan will pay for covered services.

Many HMOs do not have a deductible.

- 151 1 ☐ Yes – Continue with Question 12b  
2 ☐ No – SKIP to Page 6, Question 14a

### b. What was the annual deductible an individual paid?

Report deductibles for care received "in-network" from preferred providers.

Enter physician care and hospital care amounts in appropriate boxes if separate deductibles apply.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 14b on Page 6.

146 \$   ,     .  0  0 Individual annual deductible

**OR**

Separate deductibles for:

147 \$   ,     .  0  0 Physician care

148 \$   ,     .  0  0 Hospital care

## FAMILY DEDUCTIBLES

### 13a. Did this plan require that a specific number of family members must meet their individual deductibles before the family deductible was met?

- 224 1 ☐ Yes – Continue with Question 13b  
2 ☐ No – SKIP to Question 13c  
☐ Family coverage not offered – SKIP to Page 6, Question 14a

### b. How many family members were required to meet their individual deductibles before the family deductible was met?

Report for typical situations and enrollees.

150  Number of family members

### c. What was the total annual deductible a family paid?

Report for a family of four.

149 \$   ,     .  0  0 Total annual family deductible

<b>PAYMENTS</b>	
<p><b>14a. Was hospital care covered under this plan?</b></p> <hr/> <p><b>b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital stay after any annual deductible was met?</b></p> <p>Some plans may have both a dollar amount and a percentage copayment.</p> <p><b>Out-of-pocket expense</b> – Those costs paid directly by the enrollee.  <i>Report for precertified hospital stays (if applicable).</i>  <i>Report for stays at "in-network"/participating hospitals (if applicable).</i>  <i>Do not include any physician charges incurred during the hospital stay.</i></p>	<p>155    1 <input type="checkbox"/> Yes – Continue with Question 14b          2 <input type="checkbox"/> No – SKIP to Question 14c</p> <hr/> <p>152    \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 Amount paid by enrollee for hospital care</p> <p>154    1 <input type="checkbox"/> Per day          2 <input type="checkbox"/> Per stay</p> <p style="text-align: center;"><b>AND/OR</b></p> <p>153    <input style="width: 50px;" type="text"/> % Paid by enrollee</p>
<p><b>c. Was physician care covered under this plan?</b></p> <hr/> <p><b>d. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an office visit after any annual deductible was met?</b></p> <p>Some plans may have both a dollar amount and a percentage copayment.</p> <p><i>Report the copayment for an "in-network"/participating general practitioner during normal office hours.</i></p> <p><b>Out-of-pocket expense</b> – Those costs paid directly by the enrollee.</p>	<p>218    1 <input type="checkbox"/> Yes – Continue with Question 14d          2 <input type="checkbox"/> No – SKIP to Question 15a</p> <hr/> <p>156    \$ <input type="text"/> <input type="text"/> <input type="text"/> . 0 0 Amount paid by enrollee for office visit</p> <p style="text-align: center;"><b>AND/OR</b></p> <p>157    <input style="width: 50px;" type="text"/> % Paid by enrollee</p>
<p><b>15a. What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?</b></p> <hr/> <p><b>b. What was the maximum amount this plan would have paid for an enrollee in one year?</b></p>	<p>159    \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . 0 0</p> <p style="text-align: center;"><b>OR</b></p> <p>158    <input type="checkbox"/> No lifetime maximum</p> <hr/> <p>160    \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . 0 0</p> <p style="text-align: center;"><b>OR</b></p> <p>221    <input type="checkbox"/> No annual maximum</p>
<p><b>16a. What was the maximum annual out-of-pocket expense for an individual?</b></p> <p><b>Out-of-pocket expense</b> – Those costs paid directly by the enrollee.          This is often referred to as a catastrophic limit.  <i>Include all copayments and deductibles.</i></p>	<p>161    \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . 0 0</p> <p style="text-align: center;"><b>OR</b></p> <p>163    <input type="checkbox"/> No individual maximum</p>
<p><b>b. What was the maximum annual out-of-pocket expense for a family of four?</b></p> <p><b>Out-of-pocket expense</b> – Those costs paid directly by the enrollee.          This is often referred to as a catastrophic limit.  <i>Include all copayments and deductibles.</i></p>	<p>162    \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . 0 0</p> <p style="text-align: center;"><b>OR</b></p> <p>222    <input type="checkbox"/> No family maximum</p>

PLAN CHARACTERISTICS	
<b>17a.</b> Could this plan have refused to cover persons with certain pre-existing medical or health conditions?	183    1 <input type="checkbox"/> Yes – Continue with Question 17b 2 <input type="checkbox"/> No – SKIP to Question 18
<b>b.</b> Did this happen in 1998?	184    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>18.</b> Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	185    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>19.</b> In what month did the plan year begin? <i>Enter a two-digit numeric response. Example: January = 01; May = 05</i>	123 <input type="text"/> <input type="text"/> Month
<b>20.</b> Which of the services listed were covered by this plan? <i>Mark (X) all that apply.</i>	164 <input type="checkbox"/> Routine mammograms 165 <input type="checkbox"/> Adult routine physical exams 166 <input type="checkbox"/> Routine pap smears 167 <input type="checkbox"/> Office visits for prenatal care 168 <input type="checkbox"/> Adult immunizations 169 <input type="checkbox"/> Child immunizations 170 <input type="checkbox"/> Well-baby care, under 1 year 171 <input type="checkbox"/> Well-child care, 1–4 years 173 <input type="checkbox"/> Chiropractic care 174 <input type="checkbox"/> Other non-physician providers (such as physical therapists, podiatrists, and midwives) 175 <input type="checkbox"/> Outpatient prescriptions 176 <input type="checkbox"/> Routine dental care 177 <input type="checkbox"/> Orthodontic care 178 <input type="checkbox"/> Skilled nursing facility (convalescent care) 179 <input type="checkbox"/> Home health care 180 <input type="checkbox"/> Inpatient mental illness 181 <input type="checkbox"/> Outpatient mental illness 182 <input type="checkbox"/> Alcohol/substance abuse treatment
CURRENT YEAR PLAN INFORMATION	
Questions 21a–f refer to the <b>1999</b> plan year. <b>21a.</b> Is this plan also being offered in the 1999 plan year?	186    1 <input type="checkbox"/> Yes – SKIP to Question 21c 2 <input type="checkbox"/> No – Continue with Question 21b
<b>b.</b> If this plan is no longer offered, was it replaced with a similar plan, replaced by a substantially different plan or dropped without replacement?	187    1 <input type="checkbox"/> Replaced with similar plan 2 <input type="checkbox"/> Replaced by a substantially different plan } Continue with Question 21c 3 <input type="checkbox"/> Dropped without offering replacement – <b>END THIS FORM</b>
Please answer for this plan or the one which replaced it. <b>c.</b> For 1999, how many active employees are enrolled in single coverage during a typical pay period?	188 <input type="text"/> Active employees enrolled in single coverage
<b>d.</b> For 1999, how many active employees are enrolled in family coverage during a typical pay period?	189 <input type="text"/> Active employees enrolled in family coverage
<b>e.</b> For 1999, what is the total monthly premium for ONE TYPICAL full-time employee with single coverage?	190    \$ <input type="text"/> , <input type="text"/> <input type="text"/> . 0 0 Monthly single coverage premium
<b>f.</b> For 1999, what is the total monthly premium for ONE TYPICAL full-time employee with family coverage?	191    \$ <input type="text"/> , <input type="text"/> <input type="text"/> . 0 0 Monthly family coverage premium